

EXHIBIT

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RSHT002	RSHT SETTLEMENT CLAIM FORM	
INSTRUCTIONS		
READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE CLAIM FORM		
1.	Fill in all blanks on the Claim Form.	
2.	Type or print all information on the Claim Form.	
3.	You must date and sign the Claim Form.	
4.	By signing your Claim Form, you are declaring under penalty of perjury that the information provided is true and correct. You could be subject to criminal penalties for submitting any false information on your Claim Form.	
5.	If you have any questions about these instructions or about how to complete the Claim Form, call the Claims Administrator at 866-897-8900. There is no fee for any service or assistance provided by the Claims Administrator. DO NOT CONTACT THE COURT OR THE CLERK OF THE COURT.	
6.	<p>Mail your Claim Form to:</p> <p><i>Mailing Address:</i> RSHT Settlement Claims Administrator P.O. Box 85035 Richmond, Virginia 23285-5035</p> <p><i>Delivery Address and Alternate Mailing Address:</i> RSHT Settlement Claims Administrator 250 Rocketts Way Richmond, Virginia 23231</p> <p>YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE [DATE]. LATE CLAIM FORMS WILL NOT BE CONSIDERED.</p>	
7.	If your address changes at any time before you have received payment or other final determination on your claim, mail your new address to the Claims Administrator at the address above. Any change of address must be submitted in writing and include your signature.	
8.	You do not need to have your own attorney help you submit a Claim Form or otherwise participate in this lawsuit. However, if you do wish to consult your own attorney, you may do so at your own expense.	
9.	Please keep a copy of the completed form for your records.	
10.	For the purposes of this Claim Form, the term "Enrolled" means that you entered into an enrollment agreement with RSHT and that you attended at least one day of class at RSHT. Your first day of enrollment is the later of (a) the date that you signed an enrollment agreement; or (b) the date that you first attended a class at RSHT. Your last day of enrollment is the latest of (a) the date that you last attended a class at RSHT; (b) the date that you last attended an externship arranged by RSHT; or (c) the date that you graduated from RSHT.	
11.	<p>Any documents you send that support your claim that you were enrolled at RSHT at any time from July 1, 2004 to February 28, 2013 will be considered in determining whether you are eligible to receive a monetary payment. Examples of such documents include, but are not limited to:</p> <ul style="list-style-type: none"> (a) Transcripts from RSHT; (b) Signed RSHT enrollment agreements; (c) RSHT certificates of completion; (d) Cancelled checks or other documents showing payment to RSHT; (e) Emails or letters from or to RSHT; or (f) Any other document that supports your claim that you were enrolled at RSHT at any time from July 1, 2004 to February 28, 2013. <p>A determination of your eligibility will be made on the basis of any documents you submit with your Claim Form and RSHT's records.</p>	

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12.	<p>If you are filling out this Claim Form for an RSHT student who is deceased, or is incompetent or legally incapacitated and unable to complete the Claim Form, you are required to submit additional documents supporting your authority to act on behalf of the Claimant. Examples of such documents include, but are not limited to:</p> <ul style="list-style-type: none">(a) Last Will and Testament of the deceased student;(b) Court order or other document establishing your appointment as the Personal Representative, Administrator, Executor, or other properly appointed legal representative of the estate of the deceased student; or(c) Court order or other document establishing your appointment as the legal guardian, conservator, or other properly appointed legal representative of the incompetent or incapacitated student. <p>The Claims Administrator may contact you for additional information to assist in the processing of this claim. Call the Claims Administrator at 866-897-8900 if you have questions about what you need to submit.</p>

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I. CLAIMANT INFORMATION			
Claimant Name	Last	First	Middle
SSN	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> [] [] [] - [] [] [] - [] [] [] [] </div>	Date of Birth	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">(Month/Day/Year)</div>
Address	Street/P.O. Box		Apt. No.
	City		State Zip
Telephone Number (Daytime)	() -	Telephone Number (Evening)	() -
II. ENROLLMENT INFORMATION			
<p style="text-align: center;">Were you enrolled at RSHT at any time from July 1, 2004 to February 28, 2013? (check one)</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
Dates of Attendance at RSHT	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: x-small;">(month) (day) (year)</div> </div> <div style="margin: 0 10px;">TO</div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: x-small;">(month) (day) (year)</div> </div> </div>		
RSHT Program			
III. SUBMISSION OF CLAIM FORM			
<p>Submitting Claim Form and Supporting Documents: Send hard copies to the Claims Administrator by US Mail or Overnight Delivery as follows:</p> <p><i>Mailing Address:</i> RSHT Settlement Claims Administrator P.O. Box 85035 Richmond, Virginia 23285-5035</p> <p><i>Delivery Address and Alternate Mailing Address:</i> RSHT Settlement Claims Administrator 250 Rocketts Way Richmond, Virginia 23231</p> <p style="text-align: center;">YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE [DATE]. LATE CLAIM FORMS WILL NOT BE CONSIDERED.</p>			
IV. CERTIFICATION AND SIGNATURE			
<p>I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided in this Claim Form is true and correct to the best of my knowledge, information and belief. I understand that I could be subject to criminal penalties for submitting any false information on this Claim Form.</p>			
Signature			Date <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: x-small;">(month) (day) (year)</div>
Printed Name	First	MI	Last